	4	•	-	Application or Docket Number					1					
	PATENT	ECOR	D	10/720276										
CLAIMS AS FILED - PART I (Column 1) (Column 2)										VIIIY	OR		THAN ENTITY	
T	OTAL CLAIMS	5	17-					Ε	FEE	7	RATE	FEE		
FC)R		NUMBER FILED .		NUMBER EXTRA		NA NA	BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			12 minus 20=		. 9			XS 9=			1	X\$18=	,	
INDEPENDENT CLAIMS			√ minus 3 =		• 0		7		_		OR		-/	
! —		NDENT CLAIM P	<u> </u>				X43	_		OR	X86=	/		
<u> </u>					in antimo 0		+145=			OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	\L		OR	TOTAL	<i>??n</i>)	ŀ
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									LL E	NTITY	OR	OTHER SMALL I	• • • • • • • • • • • • • • • • • • • •	
		CLAIMS		HIGH	ST		\Box		ADDI-	1		ADDI-	İ	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESE		RATI		TIONAL		RATE	TIONAL FEE	
	Total	. 12	Minus	2		-		X\$ 9	_		OR	X\$18=		·
ME	Independent	. 6	Minus	 2	3	- 3		X43=			OR	X ક 6}=	264	
L	FIRST PRES	NTATION OF MI	ULTIPLE DEF	PENDENT	CLAIM			.145	1	-		+290=	-/-	
	1 1							+145			OR	TOTAL	71./	
മ	117/05			(0.1 0) (0.1 0)				ADDIT. F		· · · · · · · · · · · · · · · · · · ·	OR	ADDIT. FEE	269	
2		(Column 1)		(Colun		(Colum	n 3).							
AMENDMENT B	•	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESE EXTR		RATE	:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 12	Minus	-20	>	I		X\$ 9:	. Т		OR	X\$18=		
ME	Independent	. 10	Minus	 (0	-		X43=	1		OR	X86=		
٩	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		—		╡					'
			•			:		+145	_		OR	+290=		
					•			TOTA ADDIT. FE			OR ,	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Colum	n 3)					_		
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESE EXTR		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	•	Minus	dri				X\$ 9=	T		OR	X\$18=		
E E	Independent	•	Minus	444		a		X43=	十			X86=		٠.
≤	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM				+		OR	^~~		: i
+145= OR +290=														
	If the entry in column 1 is less than the entry in column 2, write "0", in column 3. If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE TOTAL ADDIT. FEE ADDIT													
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